ADA American Dental Association®

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April 29, 2026

Via Email: eburnham@ftc.gov

Ms. Emma Burnham
Director of Healthcare, Bureau of Competition
Federal Trade Commission
600 Pennsylvania Ave. NW
Washington, DC 20580

Re: American Dental Association input for the FTC Healthcare Task Force

Dear Ms. Burnham:

As the leading authority on oral health in the United States, the American Dental Association (ADA) appreciates the opportunity to share its perspective as the Federal Trade Commission's (FTC) Healthcare Task Force begins its work. We welcome the Task Force's focus on protecting patients, health care workers, and taxpayers through coordinated competition and consumer protection efforts in health care.

The ADA has a strong interest in promoting a competitive, transparent and patient-centered dental marketplace. Oral health coverage is often treated as ancillary within broader health policy debates, but dental insurance markets present important competition issues that directly affect patients' access to care, dentists' ability to sustain practices, and purchasers' ability to obtain meaningful value. The ADA has previously submitted comments to the FTC and the U.S. Department of Justice regarding structural and regulatory conditions that can impede competition in dental insurance markets.[1]

At a high level, ADA remains concerned that many dental insurance markets exhibit substantial concentration, with limited meaningful competition on provider contracting, reimbursement, transparency and benefit design. ADA has also emphasized that the Competitive Health Insurance Reform Act of 2020 clarified that federal antitrust laws apply to the business of dental insurance and that this change should be followed by active oversight and enforcement where facts warrant. Recent GAO analysis reinforces these concerns, finding that the combined market share of the three largest stand-alone dental insurers in the group market ranged from 38% to 97% across states, and reached 80% or more in 11 states.[2]

The Healthcare Task Force should consider dental insurance as an area worthy of focused attention for several reasons.

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[1] American Dental Association, letter to Federal Trade Commission, "Re: FTC April 2025 RFI on Anticompetitive Regulations, Docket No. P859900," May 21, 2025; American Dental Association, letter to Anticompetitive Regulations Task Force, U.S. Department of Justice Antitrust Division, "Re: Public Comment on Lack of Competition in the U.S. Dental Insurance Market," May 21, 2025.

[2] U.S. Government Accountability Office, Private Dental and Vision Insurance: Market Concentration Varied Among States, GAO-26-107787, March 9, 2026; U.S. Government Accountability Office, "Why Fewer Insurers in Dental and Vision Markets Could Matter to You," March 10, 2026.

Concentrated dental insurance markets can harm consumers even when headline premiums do not tell the full story. Patients experience the effects through narrow networks, reduced provider choice, opaque benefit limitations and administrative barriers that can delay or discourage care. Dentists experience them through take-it-or-leave-it contracts, administrative burden and limited practical alternatives where market options are constrained. ADA has previously urged federal policymakers to look beyond premium levels alone and to assess competition in terms of access, transparency, benefit quality and the practical ability of patients and providers to choose among market options.

Certain federal and state regulatory features may unintentionally reinforce dominant positions or weaken competitive pressure in dental coverage. In prior comments to the FTC, ADA highlighted how broad assertions of ERISA preemption can create accountability gaps in self-funded dental coverage, allowing some plan administrators to sidestep state rules enacted to protect fair contracting and patient choice. This concern is especially significant because many states have enacted targeted dental insurance reform protections for fully insured coverage, while comparable transparency and contracting protections may not apply in the self-funded market.[3] ADA also highlighted features of Medicare Advantage supplemental dental coverage that can distort competition if plans market dental benefits aggressively while offering limited transparency, narrow provider participation or benefit designs that are difficult for beneficiaries to compare in practice. Recent ADA Health Policy Institute authored research likewise suggests that many Medicare Advantage dental offerings remain limited in practice, with only 8.4% of plans offering a comprehensive dental benefit and only 4.1% of beneficiaries enrolled in such a plan.[4] ADA also encourages the Task Force to remain attentive to evolving forms of vertical integration and affiliation in the dental marketplace where they may affect contracting, network design, patient steering, or provider choice.

ADA believes the Task Force should pay attention to network leasing and related contracting practices in dental benefits. ADA is not suggesting that all leasing or shared-network arrangements are unlawful or harmful. Rather, ADA is concerned that certain opaque arrangements, particularly those that extend contracted rates to additional entities without clear disclosure and affirmative provider consent, may reduce transparency, weaken independent negotiation and make it harder for dentists and patients to understand how dental benefits operate in practice. ADA supports requiring a dentist's signature to opt in to amendments and new network arrangements, along with clear advance notice of changes in contract terms and fee schedules. ADA likewise supports transparency in supplemental dental benefits, including clear benefit disclosures and separate opt-in processes for Medicare Advantage dental networks.

Additionally, dental carriers routinely use the same networks to service subscribers with "fully-insured" state-regulated dental coverage as well as those with "self-funded" coverage, which the carriers administer on behalf of employers. However, the adequacy of these networks may in some cases be determined based solely on their use by subscribers in "fully-insured" plans. This may not fully reflect the network's adequacy because nearly half of all coverage in the United States is provided through self-funded plans.

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[3] American Dental Association, letter to Federal Trade Commission, "Re: FTC April 2025 RFI on Anticompetitive Regulations, Docket No. P859900," May 21, 2025; American Dental Association, letter to Anticompetitive Regulations Task Force, U.S. Department of Justice Antitrust Division, "Re: Public Comment on Lack of Competition in the U.S. Dental Insurance Market," May 21, 2025.
[4] Lisa Simon, Marko Vujicic and Kamyar Nasseh, "Availability of Dental Benefits Within Medicare Advantage Plans by Enrollment and County," JAMA 333, no. 6 (2025): 534-535.

In ADA's view, the Healthcare Task Force is well positioned to add value in this area without prejudging any particular company or business model. ADA respectfully suggests the following actions for consideration:

1. **Include dental insurance and dental benefit administration in the Task Force's healthcare competition agenda.**
   Dental markets should not be overlooked simply because they are often segmented from broader medical coverage discussions. The Task Force could expressly include dental insurance and related benefit administration practices within its horizon-scanning, market analysis and stakeholder engagement work, focusing specifically on those practices, such as the sharing of provider fees, that may reinforce concentration or reduce meaningful competition among carriers in certain states or regions.

2. **Examine competition and consumer protection concerns arising from opaque contracting practices.**
   The Task Force should consider how nontransparent contract structures, including network leasing and affiliate access arrangements, may affect provider choice, reimbursement competition and patient access. In particular, the FTC could assess whether limited disclosure, weak consent standards and poor visibility into downstream use of provider contracts create conditions that reduce competition or mislead market participants.

3. **Use the FTC's convening authority to gather facts and test market assumptions.**
   A workshop, roundtable or targeted stakeholder process focused on competition in dental insurance markets would be valuable. Topics could include market concentration, provider contracting, network adequacy, leasing of provider discounts, consumer understanding of dental benefits and administrative practices that may disadvantage independent practices and patients. ADA would welcome the opportunity to participate.

4. **Support transparency as a competition-enhancing safeguard.**
   Clearer information about benefit limitations, network structure, downstream access to contracted rates and plan accountability can improve consumer choice and reduce the ability of dominant firms to compete through opacity rather than value.

5. **Coordinate, where appropriate, with DOJ, HHS, state regulators and other relevant entities.**
   Some issues affecting dental competition touch multiple oversight frameworks. The FTC can play an important role by identifying patterns, sharing competition concerns and helping ensure that dental insurance markets are not overlooked in broader interagency health care competition efforts. This may be particularly helpful by informing oversight of issues such as network transparency and the practical functioning of dental provider networks.

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ADA supports legitimate, transparent arrangements that expand access, foster innovation and allow purchasers and patients to benefit from meaningful competition. ADA's concern is with market structures and practices that may weaken independent negotiation, reduce accountability or make it harder for patients and providers to understand how dental benefits actually operate in practice.

Thank you for your consideration. ADA would welcome the opportunity to meet with FTC staff and provide additional information, including examples of dental benefit practices that may warrant closer examination from a competition and consumer protection perspective. Please contact James Schulz, Sr. Vice President of Government Affairs, at schulzj@ada.org to facilitate further discussion.

Sincerely,

/s/
Richard J. Rosato, D.M.D.
President

/s/
Nader A. Nadershahi, D.D.S., M.B.A., Ed.D.
Executive Director